

Case Number:	CM13-0062662		
Date Assigned:	12/30/2013	Date of Injury:	11/21/2011
Decision Date:	05/22/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/09/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 39-year-old female who reported an injury on 10/09/2012. The mechanism of injury was not stated. The current diagnoses include industrial injury to the left knee and status post left knee diagnostic and operative arthroscopy on 06/04/2013. The latest physician progress report submitted for this review is documented on 12/03/2013. The injured worker was status post diagnostic and operative arthroscopy on 06/04/2013. The injured worker was participating in postoperative physical therapy for the left knee. The injured worker reported residual weakness and functional deficits in regard to the left knee. Physical examination revealed 0 to 125 degrees range of motion with tenderness to palpation and positive patellofemoral crepitation. The treatment recommendation at that time included an additional course of physical therapy twice per week for 6 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

RIGHT KNEE CUSTOM BRACE: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 1021-1022. Decision based on Non-MTUS Citation ODG Knee and Leg.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 339-340.

Decision rationale: California MTUS/ACOEM Practice Guidelines state a brace is necessary only if the patient is going to be stressing the knee under load. A brace can be used for patellar instability, ACL tear, or MCL instability. In all cases, braces need to be properly fitted and combined with a rehabilitation program. There was no documentation of significant instability upon physical examination. The injured worker is currently participating in postoperative physical therapy. The medical necessity for the requested durable medical equipment has not been established. As such, the request is not medically necessary.